

FILED JUL 8 1946

Registration District No. 270

Primary Registration District No. 6080

State File No. \_\_\_\_\_

Registrar's No. 47

1. PLACE OF DEATH:

(a) County: STE. GENEVIEVE  
(b) City or town: RURAL SAINTE T.S.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: STE. GENEVIEVE  
(c) City or town: RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: JOHN PATTERSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: MALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: WIDOWED  
6. (b) Name of husband or wife: MARY BALLARD 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: DEC 5 1854  
(Month) (Day) (Year)

8. AGE: Years: 91 Months: 6 Days: 24 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: STE. GENEVIEVE CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name: BEA PATTERSON  
13. Birthplace: UNKNOWN TENN.  
(City, town, or county) (State or foreign country)  
14. Maiden name: EVELYN ABERNATHY  
15. Birthplace: PERRY CO. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant: William Patterson

(b) Address: St. Genevieve Mo. Sta. Road #1

17. (a) BURIAL (b) Date thereof: 7-2-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: STONE LAUREN CEMETERY STE. GENEVIEVE CO. MO

18. (a) Signature of funeral director: W. C. Butler

(b) Address: St. Genevieve Mo. Sta. Road #1

19. (a) 7-7-46 (b) Wm. M. Karl  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JUNE day: 29  
year: 1946 hour: 10 minute: P. M.

21. I hereby certify that I attended the deceased from Dec 5  
1944 to June 29, 1946  
that I last saw him alive on JUNE 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerosis  
Duration: 15 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

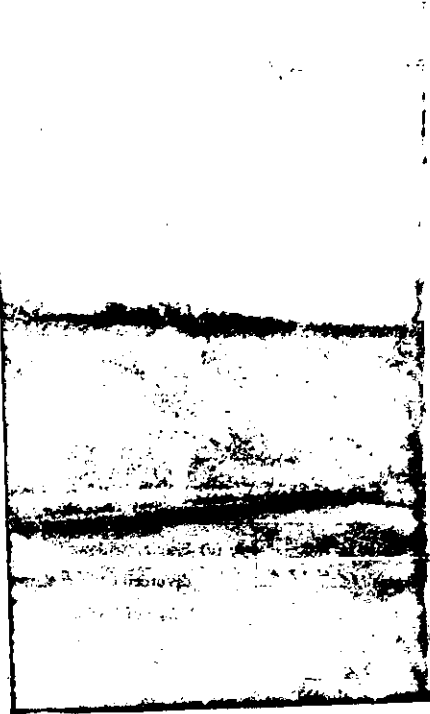
22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_  
23. Signature: William M. Karl (M. D. or other) M.D.  
Address: St. Genevieve MO Date signed: 7-7-46

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WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD



**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Leac. Baker* .....

Licensed Embalmer No. *1985* .....

P. O. Address *St. Genevieve Mo* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**